Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| NAME OF FILER Million Voter Project Action Fund, No on | 5 Yes on 10, Sponsored by Social Justice Organizations | Date of This Filing11/02/2018 | Date Stamp | CALIFORNIA 497 | | |
|--|--|--------------------------------|-------------|-----------------------|--|--|
| AREA CODE/PHONE NUMBER (213)452-6565 | I.D. NUMBER (if applicable) 1411207 | Report No | | For Official Use Only | | |
| STREET ADDRESS | | Amendment to Report No. | Page 1 of 2 | | | |
| CITY Los Angeles | STATE ZIP CODE CA 90017 | (explain below) No. of Pages2 | | | | |
| | | | | | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|------------------|---|-------------------------------|---|--------------------|
| 11/01/2018 | Marco Hellman San Francisco, CA 94104-1503 | IND COM OTH PTY SCC | Founder HMI Capital | \$75,000.00 |
| 11/01/2018 | Sabrina Hellman San Francisco, CA 94104-1503 | IND COM OTH PTY SCC | Realtor Sabrina Hellman | \$75,000.00 |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | |

| | *Contributor Codes | |
|--|---|---|
| IND - Individual PTY - Political Party COM - Recipient Committee (other than PTY or SCC) SCC - Small Contributor Committee OTH - Other | COM - Recipient Committee (other than PTY or SCC) | • |

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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| AREA CODE/PHONE NUMBER (1.D. NUMBER (if applicable) 1411207 | |) | Report No | | | | For Official Use Only | | | |
| STREET ADDRESS | | | | Amendment to Report No. | | Page 2 of 2 | | | | |
| CITY Los Angeles | TY STATE ZIP CODE OS Angeles CA 90017 | | | (explain below) No. of Pages | 2 | | | | | |
| Late Contril | bution(s) Made | | | | | | | | | |
| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | | N | AMOUNT OF CONTRIBUTION | | DATE OF ELECTION (IF APPLICABLE) | |
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